CLAIM OF: TERRY L. DIETZLER 873 Monroe Circle Atlanta, Georgia 30308

For damages alleged to have been sustained as a result of property damage on November 21, 1997 at 873 Monroe Circle.

THIS ADVERSED REPORT IS

APPROVED:

ROSALIND A. RUBENS
DEPUTY CITY ATTORNEY

	11/29/99	11/5/99	10/26/99	9/28/84	*	HELD	0/18	Tulle	
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DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0036 Date: July 29, 1999							
Claimant / VictimTERRY L. DIETZLER							
BY: (Atty) (Ins. Co.)							
Address: 873 Monroe Circle, NE Atlanta, Georgia 30308							
Subrogation: Claim for Property damage \$ 2.010.95 Bodily Injury \$							
Date of Notice: 1/26/98 Method: Written, proper X Improper							
Confirmed a Nation O.C. A. 626-22 F. V. Anto Litom (6 Mo.) X							
Date of Occurrence 11/21/97 Place: 873 Monroe Circle, NE							
Department PUBLIC WORKS Bureau: Waste Water Services Division							
Employee involved Dept. Action Taken							
Employee involved Department and							
NATURE OF CLAIM: The claimant alleges that he sustained property damage when storm drains							
from an adjacent property overflowed causing extensive flooding to claimant's home. An investigation							
determined that the major contributor of run-off to claimant's property is the Ackerman property, which is							
determined that the major contributor of run-on to claimant sproperty is the Accordant property. When the							
located directly behind claimant's property. Claimant has been advised to pursue his claim against that							
that party.							
INVESTIGATION:							
Oral V							
Statements: City employee X Claimant Others Written Oral X							
Pictures Diagrams Reports: Police Dept Report X Other X							
Traffic citations issued: City Driver Claimant Driver							
Citation disposition: City Driver Claimant Driver							
BASIS OF RECOMMENDATION:							
Function: Governmental X Ministerial Ministerial Damages reasonable							
Improper Notice More than Six Months Other Damages reasonable							
City not involved X Offer rejected Compromise settlement							
Repair/replacement by Ins. Co. Repair/replacement by City Forces							
Claimant Negligent City Negligent Joint Claim Abandoned							
Claimant registers———————————————————————————————————							
Respectfully submitted,							
Mespering, submitted,							
(//)/w/\/							
INVECTICATION GIARNIDOLVALDIDAIC							
INVESTIGATOR - GWENDOLYN BURNS							
RECOMMENDATION;							
Pay \$ Adverse X Account charged: 1A01 2J01 2H01							
Claims Manager Concur/date Concur/date							
Committee Action:Council Action							

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

Dear Municipal Clerk:

RE-CLAIM FOR DAMAGES

Today's Date: 12.5.9

ENTERED - 2-10-98 - SB 98L0036 - GWEN BURNS

Th an	nis is to notify the	City of Atlanta that I	have suffered v for which I co	damages in the ntend the City is	amount sum liable.	of \$ 2010.9	5 property	
1.	Date of incident:	11 · 21 · 97 (month/day/ year	2. Time	e of Incident:	3:00 PM 3	. Police called: _	Yes No	
4.	Location of incident	(including street address)	873	MONIZOE	CIRCLE			_
5.	Name of your insura	nce company: 574	TE FARI	Μ		Policy No. 11.6	T.0682.6	_
6.	State what and how	incident occurred: DUR	WG THE FI	FLANT MIGHT FACES	AN, THE ST	OPM DRAWS	ONAN	_
		OPERTY BACKED U				,		_
	RESULT IN YOU FURNACE FROM The registered of	POTECT OUR NEW FI AND DAMAGES AR R CLAIM BEING DE! BEING DESTROY wher must make the r and proof of owners	NIED AND MED AGAIN. claim for view claim.	O INSPECTION. AY RESULT IN (ehicle_damages,	THE MAKIN CRIMINAL PR complete the	GOFFALSE CROSECUTION!	LAIMS WILL	
	Your vehicle:	(Make)	(Year)	(Tag Number)	(Driver's N	Name)	_
	City vehicle:	(Make)	(5)					_
		(:Make)	(City Drive	rs (Name)	(Department/Bu	rtean)	
9.	Witness:	(Name)		(Address)	(Telephone Nun	nber)	_
10	. The acknowledge State law, nor is i	ment of this claim in i t an admission of liab	no way waive ility on behalf	s the Sovereign i f of the City of A	mmunity of th Atlanta and/or	ne City of Atlan tits employee(s	ta, as granted b	Ÿ
11.	This claim should	l be mailed immediate	ly to the addr	ess shown above	2.			
		R OR AFFIRM THAT IS TRUE AND CORRI		JERR.	L. T	LAMAINT'S NAM	ne)	_
•	Signature of Clair	mant		. 873 N	MONPOE (PCLE		_
				ATLAN	ha Gu	(Address) 1	?& S	
					(City	, State and Zip	Code)	
	99- R-13	06		- <u>110-953</u>	0393 ext 2	13 404.874	1.0020	_

Work Number)

(Home Number)